

physician's ability and, at a cost that is reasonable and acceptable to both parties, without sacrificing quality in any way. It is up to us physicians to do our part in this: To have a care for the patient's pocketbook equally with the care of his [or her] person.

Of the many approaches to the problem of reform that I have read this past year, I would commend to you and the President the editorial piece by Marcia Angell MD. She is the assistant editor of *The New England Journal of Medicine*. Her analysis of the President's plan appeared in the November 18, 1993 issue, pages 1569 and 1570.

With sincere aloha for your great efforts on behalf of all the people of the United States of America, I am

Respectfully yours,
J. I. Frederick Reppun MD

To the editor:

I feel that HMA has taken a very positive step by encouraging more physicians to recommend smoking cessation programs to their patients. There are many people who are *hooked* on the tobacco habit and by providing smoking cessation programs and information on how and why to stop smoking we will be able to help many overcome their addiction. Hopefully, this will result in better health of all people and lower health care costs to society.

I feel that addicted smokers are similar to alcoholics. They have an addiction which is difficult to break. In my own experience, I have found that when I acknowledged to smokers the *positive effects* of smoking, which include a feeling of well-being, change in mental attitude, either being relaxed or more alert, they are more likely to listen to my talk about stopping smoking or cutting back on their smoking. Acknowledging that they smoke and receive a positive benefit from it puts them more at ease and helps them to feel that they are being understood. Suggestions of what to do rather than smoking also helps. What I find most important is the acknowledgment that probably nothing else will make their brain feel as good as it does when they have smoke in their system. The feeling they get from smoking *fires* them up as nothing else does, and I let them know

that I will not be able to offer them a similar substitute. (This is probably the most difficult concept for those of us who are not addicted to understand. The analogy that I use is of a social drinker versus the alcoholic, both get buzzed but the alcoholic craves it and nothing makes him or her feel as good.) I expound on the positive health effects that may accompany smoking cessation. If they are not ready to stop, I ask them to cut down to at most five cigarettes per day. I let them know that if they are able to maintain at this level, there are still risks that are associated with it but less than if they were smoking ten or more cigarettes a day.

I realize that at the present time people are very anti-smoking, however, I am not able to be supportive of an all-out ban on smoking. (I cannot imagine a tobacco harvest taking place as green harvest does for marijuana, and I cannot imagine jailing people for smoking in no-smoking areas.) Approximately 10% to 25% of the American public is hooked on the smoking habit and if this substance isn't available it may create problems that we have not thought through. (Prohibition of alcohol and the problems that accompanied it is an example which comes to mind.)

People have always used mind-altering substances such as alcohol, tobacco, and others, and people will continue to do so in the future. (There is always a possibility that there may even be positive effects of tobacco at low doses as there are with alcohol.)

I feel that our task should be to present a balanced view of the risks of smoking, the reasons people smoke, encourage people not to get addicted, and to avoid smoking if possible. I realize that this leaves the door open to addiction to tobacco but people become addicted to many things such as food, sex, etc.

If what we are really after is an *addiction-free-society* (which I feel is more of an ideal), we must do things to encourage the fulfillment of people's needs as outlined by various people such as Maslow.

In Maslow's view, once the issues of 1. Hunger, 2. Safety (security from attack, freedom from invasion of privacy), and 3. Love and belonging have been addressed and implemented, then people will be able to go on to the next level which is to develop self-esteem and finally, self-actualization (the force for self-fulfillment). If we are able to do this, there is a better chance that

addiction to various substances will occur less frequently, and we will have a society in which we will have true mental and physical health and well-being.

I hope this will generate meaningful dialogue, and I look forward to any comments.

The views in this letter are my own and do not necessarily reflect those of my employer nor any group of which I am a member.

Mahalo nui loa. Malama pono,

Madhup Joshi MD



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